



02025094

FORM D



U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

| FOR SEC USE ONLY |        |
|------------------|--------|
| Prefix           | Serial |
| 0                | 0      |
| DATE RECEIVED    |        |
| 0                | 0      |

1051521  
21-41666

|   |  |
|---|--|
| Name of Offering ( <input type="checkbox"/> check if this is an amendment and name has changed, and indicate change.)<br>Private placement of up to 2,000,000 shares of Common Stock  |  |
| Filing Under (Check box(es) that apply): <input type="checkbox"/> Rule 504 <input type="checkbox"/> Rule 505 <input checked="" type="checkbox"/> Rule 506 Section 4(6) <input type="checkbox"/> ULOE<br>Type of Filing: <input checked="" type="checkbox"/> New Filing <input type="checkbox"/> Amendment |  |
| <b>A. BASIC IDENTIFICATION DATA</b>   |  |
| 1. Enter the information requested about the issuer   |  |
| Name of Issuer ( <input type="checkbox"/> check if this is an amendment and name has changed, and indicate change.)<br>Athersys, Inc.   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)<br>3201 Carnegie Avenue, Cleveland, OH 44115-2534   | Telephone Number (Including Area Code)<br>(216) 431-9000 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)                   |
| Brief Description of Business<br>Functional genomics and biopharmaceuticals   |  |
| Type of Business Organization<br><input checked="" type="checkbox"/> corporation <input type="checkbox"/> limited partnership, already formed <input type="checkbox"/> other (please specify):<br><input type="checkbox"/> business trust <input type="checkbox"/> limited partnership, to be formed      |  |
| Actual or Estimated Date of Incorporation or Organization Month Year<br>10 95 <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated   |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE<br>CN for Canada; FN for other foreign jurisdiction)  |  |

PROCESSED  
APR 03 2002  
THOMSON  
FINANCIAL

**GENERAL INSTRUCTIONS****Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

| A. BASIC IDENTIFICATION DATA   |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. Enter the information requested for the following: <ul style="list-style-type: none"> <li>• Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>• Each general and managing partner of partnership issuers.</li> </ul> |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Beneficial Owner <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Van Bokkelen, Gil  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>3201 Carnegie Avenue, Cleveland, OH 44115-2634  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Beneficial Owner <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Harrington, John J.  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>3201 Carnegie Avenue, Cleveland, OH 44115-2634  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Kovach, James J.   |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>3201 Carnegie Avenue, Cleveland, OH 44115-2634  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Biro, Timothy G.   |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>234 Bersham Drive, Hudson, OH 44236   |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Caskey, C. Thomas  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>c/o The McNair Group, 711 Louisiana, 33rd Floor, Houston, Texas 77002   |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner  |  |  |  |  |  |
| Full Name (Last name first, if individual)    Lampert, Mark N.   |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>c/o Biotech 3 Investment L.L.C., One Sansome Street, 39 <sup>th</sup> Floor, San Francisco, CA 94104  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    LeMaitre, George W.  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>c/o LeMaitre Vascular, 26 Ray Avenue, Burlington, MA 01803  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Mulligan, William C.   |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>c/o Primus Capital, 5900 Landerbrook Drive, #200, Mayfield Heights, OH 44124  |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Beneficial Owner <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Biotech 3 Investment L.L.C.  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)<br>One Sansome Street, 39 <sup>th</sup> Floor, San Francisco, CA 94104   |  |  |  |  |  |
| Check Box(es) that Apply: <input type="checkbox"/> Promoter <input type="checkbox"/> Beneficial Owner <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> General and/or Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if individual)    Steinhilber, Jeffrey R.  |  |  |  |  |  |
| Business or Residence Address    (Number and Street, City, State, Zip Code)  |  |  |  |  |  |

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                                  |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |                                     |                                     |
| 2. What is the minimum investment that will be accepted from an individual? .....   | \$1,300.00                          |                                     |
|   | Yes                                 | No                                  |
| 3. Does the offering permit joint ownership of a single unit? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.   |                                     |                                     |
| Full Name (Last Name first, if individual)<br>RBC Capital Markets   |                                     |                                     |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>2494 Sand Hill Road, Menlo Park, California 94025   |                                     |                                     |
| Name of Associated Broker or Dealer   |                                     |                                     |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers<br>(Check "All States" or check individual States)..... <input type="checkbox"/> All States<br>[AL] [AK] [ <input checked="" type="checkbox"/> AZ] [AR] [ <input checked="" type="checkbox"/> CA] [CO] [ <input checked="" type="checkbox"/> CT] [DE] [DC][ <input checked="" type="checkbox"/> FL][ <input checked="" type="checkbox"/> GA][HI][ID]<br>[IL] [ <input checked="" type="checkbox"/> IN] [IA] [KS] [KY] [LA] [ME] [ <input checked="" type="checkbox"/> MD] [MA][ <input checked="" type="checkbox"/> MI][ <input checked="" type="checkbox"/> MN][MS][MO]<br>[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND][ <input checked="" type="checkbox"/> OH][OK][OR][ <input checked="" type="checkbox"/> PA]<br>[RI] [ <input checked="" type="checkbox"/> SC] [SD] [TN] [TX] [UT] [VT] [ <input checked="" type="checkbox"/> VA] [WA][WV][WI][WY][PR] |                                     |                                     |
| Full Name (Last Name first, if individual)  |                                     |                                     |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                     |                                     |
| Name of Associated Broker or Dealer   |                                     |                                     |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers<br>(Check "All States" or check individual States)..... <input type="checkbox"/> All States<br>[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC][FL][GA][HI][ID]<br>[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA][MI][MN][MS][MO]<br>[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND][OH][OK][OR][PA]<br>[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA][WV][WI][WY][PR]  |                                     |                                     |
| Full Name (Last Name first, if individual)  |                                     |                                     |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                     |                                     |
| Name of Associated Broker or Dealer   |                                     |                                     |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers<br>(Check "All States" or check individual States)..... <input type="checkbox"/> All States<br>[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC][FL][GA][HI][ID]<br>[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA][MI][MN][MS][MO]<br>[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND][OH][OK][OR][PA]<br>[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA][WV][WI][WY][PR]  |                                     |                                     |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold  |
|---|-----------------------------|-------------------------|
| Debt .....  | \$ <u>NONE</u>              | \$ <u>NONE</u>          |
| Equity: .....   | \$ <u>26,000,000.00</u>     | \$ <u>10,730,902.00</u> |
| <input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred ..... |                             |                         |
| Convertible Securities (including warrants) .....                                   | \$ <u>NONE</u>              | \$ <u>NONE</u>          |
| Partnership Interests .....   | \$ <u>NONE</u>              | \$ <u>NONE</u>          |
| Other (Specify _____) .....   | \$ <u>NONE</u>              | \$ <u>NONE</u>          |
| Total .....   | \$ <u>26,000,000.00</u>     | \$ <u>10,730,902.00</u> |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

|   | Number<br>Investors | Aggregate Dollar<br>Amount of Purchases |
|---|---------------------|---|
| Accredited Investors .....                    | _____               | \$ _____                                |
| Non-accredited Investors .....                | _____               | \$ _____                                |
| Total (for filings under Rule 504 only) ..... | _____               | \$ _____                                |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

| Type of offering   | Type of<br>Security | Dollar Amount<br>Sold |
|--------------------|---------------------|-----------------------|
| Rule 505 .....     | _____               | \$ _____              |
| Regulation A ..... | _____               | \$ _____              |
| Rule 504 .....     | _____               | \$ _____              |
| Total .....        | _____               | \$ _____              |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

|  |                                     |                      |
|--|-------------------------------------|----------------------|
| Transfer Agent's Fees .....  | <input checked="" type="checkbox"/> | \$ <u>3,000.00</u>   |
| Printing and Engraving Costs .....   | <input type="checkbox"/>            | \$ _____             |
| Legal Fees .....   | <input checked="" type="checkbox"/> | \$ <u>50,000.00</u>  |
| Accounting Fees .....  | <input type="checkbox"/>            | \$ _____             |
| Engineering Fees .....   | <input type="checkbox"/>            | \$ _____             |
| Sales Commissions (specify finders' fees separately) .....                                   | <input checked="" type="checkbox"/> | \$ <u>500,000.00</u> |
| Other Expenses (identify) - Federal Express, duplication, filing fees (consulting fee) ..... | <input checked="" type="checkbox"/> | \$ <u>50,000.00</u>  |
| Total .....  | <input checked="" type="checkbox"/> | \$ <u>603,000.00</u> |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

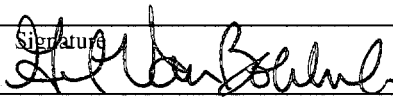
b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$10,127,902.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

|   | Payments to<br>Officers, Directors,<br>& Affiliates | Payments to<br>Others                                |
|---|---|--|
| Salaries and fees .....   | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Purchase of real estate .....   | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Purchase, rental or leasing and installation of machinery and equipment.....  | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Construction or leasing of plant buildings and facilities .....   | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)..... | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Repayment of indebtedness .....   | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Working capital .....   | <input type="checkbox"/> \$ 0.00                    | <input checked="" type="checkbox"/> \$ 10,127,902.00 |
| Other (specify): .....  |   |  |
| .....   | <input type="checkbox"/> \$ 0.00                    | <input type="checkbox"/> \$ 0.00                     |
| Column Totals .....   | <input type="checkbox"/> \$ 0.00                    | <input checked="" type="checkbox"/> \$ 10,127,902.00 |
| Total Payments Listed (column totals added).....  | <input checked="" type="checkbox"/>                 | \$ 10,127,902.00                                     |

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

|  |   |                       |
|--|---|-----------------------|
| Issuer (Print or Type)<br>Athersys, Inc.           | Signature<br> | Date<br>March 5, 2002 |
| Name of Signer (Print or Type)<br>Gil Van Bokkelen | Title of Signer (Print or Type)<br>President and Chief Executive Officer                          |                       |

### ATTENTION

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**